## **CLAIM FOR DAMAGES**



Received on	

## City of Hemet CLAIM FOR DAMAGES

## **INSTRUCTIONS**

Please fill out claim form completely and please print. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. This is for a claim against the City of Hemet. The original and one identical copy of this form, together with copy of all attachments, are to be filed with the City of Hemet. Retain one copy for your records.

Send to the following address:

City Clerk

City of Hemet

445 E Florida Ave

Hemet, CA 92543

	(First Name)	(Middle Initial)	(Last Name)	
ome Address:			Date of Birth:	
mail:	Soc. Sec	urity No:	CA Driver's License No: _	
aytime Phone:		Cell:		
ddress you want no	iices sent:			
ity, State, Zip				
ype of Loss	Personal Injury	Other	Police Report No:	
	Property Damage	Indemnity-Date Complaint Se	erved:	
/hen did Injury or Da	amage occur?			(AM/PM)
	(Month Day Y	ear) (Day of Week)	(Time of Day)	
/here did Injury or D	amage occur?(Street addr		easurements from specific landm	narks)
ow did Injury or Dar	nage occur? (Describe accider	nt or occurrence)		

## **CLAIM FOR DAMAGES**

what is your basis for claiming that the City is liable to you? (Please be specific and include all reasons.)
What Injury or Damage did you suffer?
Witnesses (if any) Name-Address-Phone No:
Name of Public Employee(s) involved:
Is total amount of claim greater than \$10,000?
If "No" state the amount claimed: Personal Injury \$ Property Damage \$ Other \$
What is the basis for your damage computation:
NOTE: Please attach copies of any documents, photographs or other evidence supporting your claim and your damages to this form If your claim relates to an automobile accident, please answer the following and attach PROOF OF INSURANCE
Was your insurance coverage in effect at the time of the incident?
Insurance Policy No: Insurance Company:
Insurance Broker/Agent:
Address: Phone No:
Any additional information that might be helpful:
WARNING: California State Law generally requires that most claims against a public entity, such as the City of Hemet, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Be sure your claim is actually against the City of Hemet and not some other public entity. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check the Government Code to determine what presentation period applies in your case.
WARNING: A) It is a Criminal Offense to File a False Claim! (Penal Code Sec. 72; Insurance Code Sec. 556.1)
B) It is a Criminal Offense to File a False Claim against a Peace Officer! (Penal Code 148.6)
I have read the matters and statements made in the above claim and I know the same to be true of my knowledge, except as to those matters stated upon information or belief, and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.
Signature Date
Relationship (self, attorney, guardian, etc.

~All Claims Are Public Record~